COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM EMPLOYMENT SUMMARY SHEET

Section I								
Company:			Date:					
Grantee:			Project No:					
County:								
	<u>, </u>	<u>LMI</u>	SUMMA	RY		,		
NUMBER PERSONS IN FAMILY	1	2	3	4	5	6	7	8+
COUNTY LMI LEVEL (insert income limits appropriate to family size.)								
# of EMPLOYEES @ LMI LEVEL* (all persons below the Moderate income limit)								
*As noted on the Employm Low, Low and 30% of Med								rate and
Section II								
1. Total Current Employees	:							
2. Total Employees (New o	r Retained	d) Applica	able to Th	nis Projec	t:			
3. Total Employees Filling	Out Salar	y Sheet: _						
(Employees not com	pleting fo	orm are c	onsidere	d non-L	MI)			
4. Total # Employees @ LMI LevelOr								_ %
5. Total Minorities		To	tal Handi	cap (Disa	ibled)			
Total Female Head of	f Househo	old		Tot	al Elderly	/		
SIGNATURE OF ADMINIS Attachments: 1. Current								

2. Employment Status Statements for #3 above.